

BILLED COMPLETE _____

DATE _____

JOB NAME Fourwinds Condos

JOB PHONE _____

JOB ADDRESS 24114 Perdido Blvd

SUPER Dave Eldred

STREET Gulf Shores, AL
Orange Beach, AL

CONTRACTOR Coastal Builders

INSURANCE CERTIFICATE RECEIVED 10/19/98

CONTRACT RETURNED 10/21/98 - 11/26/98

CONTRACT AMOUNT \$ 70,177.00

AMOUNT LEFT TO
BE BILLED

DRAWS

INVOICE # 2499
30113
30870 5-19
30701

AMOUNT \$ 31,579.65
31,579.65
7017.70
\$ _____
\$ _____

\$ 38,597.35
7017.70
\$ _____
\$ _____
\$ _____

CHANGE ORDERS IN ADDITION TO CONTRACT _____

RETAINAGE
INVOICE # _____

AMOUNT \$ _____
\$ _____
\$ _____

WARRANTY START DATE 6-30-99

WARRANTY END DATE _____

